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Deborah Neill	(Depositor's name)
Obor L Jill	(Signatore)
November 29, 2004	(Date)

[APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
09/689,548 10/11/2000		10/11/2000	James E. Johnson	INVDP001	8999	

TITLE OF INVENTION: HYBRID VALVE APPARATUS AND METHOD FOR FLUID HANDLING

APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE		DATE DUE	
nonprovisional	YES	\$665		\$0	\$665		12/02/2004	
EXA	MINER	ART UN	IIT	CLASS-SUBCLASS				
GORDOI	N, BRIAN R	1743		422-103000				
CFR 1.363). Change of correspon Address form PTO/SB/ "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required. 3. ASSIGNEE NAME AN PLEASE NOTE: Unles recordation as set forth (A) NAME OF ASSIGNAME INDOVACY	NEE yne Technolog	Correspondence ation form the of a Customer EPRINTED ON The clow, no assignce of this form is NO (EPRINTED ON THE CONTROL OF	(1) the no or agents (2) the na register 2 register listed, no THE PATEN data will app T a substitute (3) RESIDENG	nting on the patent front page, li umes of up to 3 registered pater OR, alternatively. me of a single firm (having as a lattorney or agent) and the name ed patent attorneys or agents. If name will be printed. T (print or type) bear on the patent. If an assign for filing an assignment. CE: (CITY and STATE OR COM- ROHNETT Par beatent): Individual Individual	a member a ses of up to no name is dentified with the contract of the contract	2ad below, the	ia	LLP
Advance Order - # 6 5. Change in Entity Statu a. Applicant claims	small entity discount permitte of Copies <u>ten</u> s (from status indicated above SMALL ENTITY status, See	ed) e) 37 CFR 1.27.	Payment The Dir Deposit Acc	in the amount of the fee(s) is entry by credit card. Form PTO-2038 ector is hereby authorized by sount Number 50-038 cant is no longer claiming SMA may) or to re-apply any previousle other than the applicant; a region of the summer of the s	is attached. Ange the region (encountry)	tatus. See 37 (se to the application of the application) or agent; or	CFR 1.27(g)(2). cation identified abothe assignee or other	to yment, to
Authorized Signature Typed or printed name	Michael L.	Louie			%o			
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